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ABSTRACT

Rising life expectancies, reductions in disease, and the ability of the elderly to care for themselves and cope with life stresses all attest to the fact that Americans are learning how to maintain and improve their health. However, experts have noted that greater knowledge about the health problems of the elderly is needed. The elderly are prone to more frequent and serious accidental injuries in later life. Conditions which make the elderly more vulnerable include: (1) diseases, medications, alcohol, and preoccupation with problems, all of which may result in drowsiness; (2) depression; (3) poor eyesight and hearing; and (4) arthritis, neurological diseases, and impaired coordination, which may impair balance. Accidents can be prevented by maintaining mental and physical health and conditioning and by using good safety habits. Elderly people may be particularly susceptible to alcoholism, even though until recently elderly problem drinkers have tended to be ignored. Alcohol and drugs may mix unfavorably, exaggerating or altering the response to these drugs, or intensifying the reaction to the alcohol. Older alcohol abusers have a particularly good chance of recovery because of their adherence to program requirements. Alcohol abusers can find assistance through a family doctor, clergyman, local health department or social service agency, or organizations such as Alcoholics Anonymous. Older alcoholics need arrangements for a recovery plan made for them as soon as the problem is recognized. (ABL)

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Accidents and Alcohol Abuse Among Older Americans

And therefor, if man lives
many years let him enjoy all of them.
-Ecclesiastas
[Boris Blai, Jr.]

Overview

Our fear of growing old and our belief that senility and disease are inevitable are, unfortunately, still prevalent attitudes which are most intractable; they stromgly resist change. And yet we are surrounded by startling demographic facts which dramatically reflect the inappropriateness of such 'traditional' ideas.

Not only are life expectancies rising, but the quality of life -as reflected in disease/illnesss reductions; the ability of the elderly to care for themselves; the capacity of older Americans to cope with life-stresses, all attest to the fact that we Americans are learning, increasingly, how to personally maintain and improve our health. However - as the former Director, National Institute on Aging, Robert N. Butler, M.D. has noted:

> "How the elderly go about examining their lives is not up to society; each person must find his own way. But neither should society make the way harder; rather it should ensure that the old have a setting in which to reflect carefully on what has happened to them.....
>
> "Congress clearly recognized society's responsibilities toward the elderly when it passed in 1974 the National Research on Aging act....
>
> "Society's obligation to care for its own has not fully been met in the case of the elderly." (NIA, 1980:p.2)

It seems entirely reasonable to ask the question; "Why focus particular attention on the health problems of aging Americans?" An eminently practical answer is suggested in the following citation:

> "A healthier old age means the continuing contribution of a large proportion of our population and alleviation of the great emotional and financial burdens which fall on those families who have older relatives. In addition, knowledge gained through research and applied to prevention can help reduce our incredible national health expenditures, much of which is associated with the disabilities and diseases that become increasingly frequent with advancing age."
> (Higbe, 1980: Foreword)

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Further support of the on-going need for greater knowledge regarding health problems/concerns among the elderly, is to be found in the following discussion of numbers-facts:

> "Although the 26 million Americans aged 65 or over makes up 11 percent of the population, they account for 29 percent of health care costs. The elderly use 25 percent of prescription drugs, make 15 percent of all visits to office-based physicians, account for 34 percent of all days in short-stay hospitals, and comprise 17 percent of the residents in nursing homes." (NIA, 1985:p.1)

In addition, it has been noted:

> "Research is one means of finding answers to the many questions we have about the process of growing old. The increase in the number of people over 65 and the rise in the proportion of older to younger people are perhaps the most startling demographic changes in this century. Individuals over 65 constitute 4 percent of the American population in 1900 and nearly 10 percent in 1972. By 2030, they will represent a projected 17 to 20 percent of the country's population. This shift in population will have profound social, economic, medical and personal consequences for which we must be prepared."
> (NIA, July 1985:p.3)

And finally, as Edward N. Brandt, Jr. M.D. has pointed out:

> "We have a major task ahead of us: getting people to place a greater value on their own abilities to promote their own health and prevent disease from striking themselves and their families. This is a formidable task and cannot be achieved by government alone.....
>
> "To illustrate the nation's ability to achieve the objectives, Dr. Brandt (noted) instances in which goals already had been reached....
>
> "4. Objective:
> To reduce the annual rate of work-disabling injuries to 83 per 1000 full-time workers by 1990.
> Achievement:
> Current data from the Bureau of Labor Statistics indicate the rate has already come down to 81 per 1000 full-time workers."
> (Office of ..., Nov. 1984: pp 1,2)

The Elderly And Accidents

Readily available statistics firmly support the claim that "accidental injuries become more frequent and serious in later life. The attention to safety is especially important for older persons." (NIA, 1985:p.1) There are a variety of conditions which make the elderly more prone to accidents. These

include:

1-"Various diseases, medications, alcohol, and preoccupation with personal problems can result in drowsiness or distraction."
2- Mental depression or poor physical conditioning.
3- Poor eyesight/hearing can decrease awareness of hazards.
4-"Arthritis, neurological diseqses, and impaired coordination and balance can make older people unsteady." (NIA, 1985: p.1)

Unfortunately, the elderly are particularly vulnerable to severe injury and tend to heal slowly when they suffer accidents. Most particularly, women whose bones often become thin and brittle with age, can suffer broken bones after seemingly minor falls.

On the plus side - accidents can often be prevented "by maintaining mental and physical health and conditioning, and by cultivating good safety habits. (NIA, 1985:p.1) Practical practices to help avoid accidents include:

A- For falls - the most common cause of fatal injuries among older Americans:

1-"Illuminate all stairways and provide light switches at both the bottom and the top.
2- Provide night lights or bedside remote-control light switches.
3- Be sure both sides of stairways have sturdy handrails.
4- Tack down carpeting on stairs and use nonskid treds.
5- Remove throw rugs that tend to slide.
6- Arrange furniture and other objects so they are not obstacles.
7- Use grabrails on bathroom walls and nonskid mats or strips in the bathtub.
8- Keep outdoor steps and walk ways in good repair.
9- Personal health practices are also important in preventing falls. Because older persons tend to become faint or dizzy when standing too quickly, experts recommend rising slowly from sitting or lying position.
10- Both illness and the side effects of drugs increase the risk for falls." (NIA, 1985:p.1)

B- For burns - especially disabling in older perople.

1-"Never smoke in bed or when drowsy.
2- When cooking, don't wear loosely fitting flamable clothing. Bathrobes, nightgowns, pajamas all can catch fire.
3- Hot water heater thermostats or faucets should be set so that no water scalds the skin.
4- Plan which emergency exists to use in case of fire.
5- Many older people trap themselves behind multiple door locks which are hard to open during an emergency. Install one good lock that can be opened from the inside quickly, rather than many inexpensive locks." (NIA, 1985: pp 1,2)

C- Motor vehicle accidents:

The most common cause of accidental death among the 65 to 74 year older Amerivans is motor vehicle accidents! Also- these are the second most common cause among older people in general. Among the reasons, the ability to drive often may be impaired by age-related changes; e.g.,

1- Increased sensitivity to glare.
2- Poor adaptation to dark.
3- Diminished coordination.
4- Slower reaction time.

Therefore, to compensate for such changes:

Do -

1- Drive fewere miles.
2- Drive less frequently.
3- Drive more slowly.
4- Drive less at night.
5- Drive less during rush hours.
6- Drive less in the winter.

(Bill Cosby has the 'explanation' when he advises: "As we get older our bodies go bad on us!" Let's face reality - we just can't drive as safely at age 70 as we did when we were 'youngsters' of 45 or 50!)

When riding on public transportation, older persons should follow all of the following safety precautions:

1-"Remain alert and brace yourself when a bus is slowing down or turning.
2- Watch for slippery pavement and other hazards when entering or leaving a vehicle.
3- Have fare ready to prevent losing your balance while fumbling for change.
4-Do not carry too many packages, and leave one hand free to grasp handrailings.
5- Allow extra time to cross streets, especially in bad weather.
6- At night, wear light-colored or fluorescent clothing and carry a flashlight." (NIA: 1985, p.2)

With specific reference to accidental deaths, some sobering statistics include the following:

1- Approximately 23 percent of all accidental deaths are among older people, but they represent only 11 percent of the population.

2- Each year, as reported by the National Safety Council, about 24,000 persons over 65 die from accidental injuries.

3- In addition to the above, at least 800,000 others receive injuries which disable them for at least one, and more often, more than one day.

These figures reflect the cold, real truth - in our older years particular attention to safety practices "... can prevent much untimely death and disabilities." (NIA, 1985:p.2)

The Older Alcoholic

"Alcohol abuse among the elderly is a complex, human dynamics problem which, like so many other human problems, often elicit too many simple, wrong solutions." (Blai, 1983:p.8)

Further - it has been noted that "... alcohol abuse among older men and women is a more serious problem than people generally realize." (NIA,1985: p.3) Unfortunately, until recent years there was a tendency among health professionals and the general public to ignore the older problem drinker, the principal reasons being:

1- The elderly population was small and few were identified as alcoholics.

2- Chronic problem drinkers; i.e., individuals who abused alcohol intermittantly throughout their lives, often died before becoming elderly.

3- Many "... who no longer work often live alone in their retirement years. Many rarely drive a car or venture outside their living quarters." (Blai, 1983:p.8)

As Dr. Jacob Brody, associate director of the National Institute on Aging indicates, elderly people may be particularly susceptible to alcoholism:

"They could be told in clear, even blatant terms that they are approaching a period of life when they or their spouses (will) get sick, (will) die, have less money, less prestige and (will) be faced with loneliness." (Blai, 1983: p.8)

Physical Effects of Alcohol:

1- It adversely affects mental alertness, judgement, physical coordination, reaction time: it slows down brain activity.

2- Over a period of time, heavy drinking may cause permanent brain and central nercous system damage.

3- A sustained period of heavy-drinking can also cause permanent liver, heart, stomach, and kidney damage.

4- The effects of alcohol on the heart and blood vessels; i.e., the cardiovascular system, "can mask pain, which may often serve as a warning sign of heart attack." (NIA, 1985: p.3)

Alcohol can also produce dementia-like symptoms; i.e. forgetfullness; reduced attention; confusion.

6- Alcohol mixes unfavorably with many other drugs and use of prescription drugs may be intensified in the body's reaction to alcohol, resulting in more rapid intoxication.

7- "Alcohol can dangerously slow down performance skills (driving, walking, etc.), impair judgement, and reduce alertness, when taken with drugs such as:

'Minor' tranquilizers: Valium (diazepan), Librium (chlordiazepoxide), Miltown (meprobamate), and others.

'Major' tranquilizers: Thorazine (chlorpromazine), Mellaril (thioridazine), and others.

Barbituates: Luminal (phenobarbitol), and others.

Pain Killers: Darvon (propoxphene), Demorol (meperidine), and others.

Antihistimines (both prescription and over-the-counter forms found in cold remedies." (NIA, 1985: p.3)

8- Alcohol use can cause exaggerated responses to drugs. These include: anticonvulsants (Dilantin); anticoagulants (Coumadin); antidiabetes drugs (Orinase).

9- Alcohol can irritate the stomach and aggravate the bleeding sometimes caused by aspirin use.

10- In some individuals the combination of alcohol and diruretics can reduce blood pressure, producing dizziness.

Anyone who drinks alcohol should first check with a doctor or pharmacist about possible drug interactions, for alcohol mixes unfavorably with many drugs.

Who Are Problem Drinkers?

> "Dr. Sheldon Zimberg of the Mt. Sinai School of Medicine states that about two-thrids of elderly problem drinkers are those with earlier 'track records' of well-established drinking. They usually have had personality/drinking problems all their lives, and among them is a high incidence of brain and liver damage." (Blai, 1983:p.8)

> "The second type (about one-third of older alcoholics) begins excessive drinking late in life, often in response to 'situational' factors - retirement, lowered income, declining health, and the deaths of friends and loved ones. In these cases, alcohol is first used for temporary relief but later becomes a problem." (NIA,1985:p.4)

Although it is true that not everyone who drinks alcohol becomes an alcohol abuser, the following behaviors and situations often do indicate a drinking problem:

1- "drinking to calm nerves, forget worries, or reduce depression;
2- loss of interest in food;
3- gulping of drinks and drinking too fast;
4- lying about drinking habits;
5- drinking alone with increasing frequency;
6- injuring oneself, or someone else, while intoxicated;
7- getting drunk often (more than three or four times in the past year);
8- needing to drink increasing amounts of alcohol to get the desired effect;
9- frequently acting irritable, resentful, or unreasonable during non-drinking periods, and
10- experiencing medical, social, or financial problems that are caused by drinking." (NIA, 1983:p.4)

Getting Help For Problem Drinkers:

Older alcohol abusers evidence a particularly good chance to recover. This appears related to the fact that they tend to remain with and adhere to the program requirements to a greater extent than younger-aged problem drinkers. As Dr. Zimber:

> "has noted, though the rehabilitation of late-onset alcoholism is not a simple matter, nonetheless abusers remain good candidates for rehabilitation treatment, readily responding to concern and learning to embrace the view that it is possible to accomodate to the stresses of aging without the crutch of alcohol. Their past years of productive achievement and social acceptance strengthen the determination toward rehabilitation." (Blai, 1983:p.10)

For the alcohol abuser there are a number of assistance resources. It could be:

1- a family doctor
2- a member of the clergy
3- through local health department or social service agency

4- One of the following organizations:

(1) Alcoholics Anonymous
For information about their program call your local chapter or write to the national office at P.O.Box 459, Grand Central Stattion, New York, N.Y. 10163. Upon request, they will also send you the free pamphlet "Time to Start Living"

(2) National Clearninghouse for Alcohol Information
A Federal information service that answers inquiries, distributes written materials, and conducts literature searches. For specific information, write to P.O.Box 2345, Rockville, MD 20852.

(3) National Council on Alcoholism
Call your local office or write to national headquarters at 12 West 21st. Street, New York, N.Y. 10010.

(4) Write to Food & Drug Administration, HFS-88, 5600 Fishers Lane, Rockville, MD 20857 for free copy of article: "Liquor May Be Quicker But ...."

Finally - there are two critically important actions which can hasten the recovery of the older alcoholic drinker. If these <u>are not</u> observed, the chances for recovery are <u>sharply reduced</u> !

"First, you must be prepared to assume personal responsibility for <u>all</u> necessary arrangements for a recovery plan. Realistically recognize that the alcoholic is in no condition to follow through alone in making such arrangements.....

"Second, it is imperative to hasten the patient into care treatment. Recognize that delay is deadly for the problem drinker. Putting off treatment; a leisurely, casual approach to corrective action; a do-it-tomorrow pace only heaps fuel on the fires of fear.

"Don't delay: - Do It Today !" (Blai, 1983: pp. 10,30)

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